PAPERWORK REDUCTION ACT CHANGE WORKSHEET

| Agency/Subagency Office of Postsecondary EducationFunc Postsecondary Education | OMB Control Number 1840-0636 | | | | | | |
|--|---------------------------------|--------------|--|--|--|--|--|
| Enter only items that change Current Record New Record | | | | | | | |
| Agency form number(s) | NA | NA | | | | | |
| Annual reporting and record keeping hour burden | | | | | | | |
| Number of respondents | 60 | 60 | | | | | |
| Total annual responses | 60 | 60 | | | | | |
| Percent of these responses collected electronically | 0% | 0% | | | | | |
| Total annual hours | 0 | 0 | | | | | |
| Difference | | 0 | | | | | |
| Explanation of difference | | 0 | | | | | |
| Program Change | | | | | | | |
| Adjustment | | 0 | | | | | |
| Annual reporting and record keeping cost burden (in thousands of dollars) | | | | | | | |
| Total annualized capital/startup costs | \$0 | \$0 | | | | | |
| Total annual costs (O&M) | \$0 | \$0 | | | | | |
| Total annualized cost requested | \$0 | \$0 | | | | | |
| Difference | | 0 | | | | | |
| Explanation of difference Program Change | | 0 | | | | | |
| Adjustment | | 0 | | | | | |
| Other change** The Project Title Page, Budget Summary, and Consortia Partner Identification forms for the European Union-U.S. Cooperation Program will be available in FY 2006 in Grants.Gov. These three forms also will be consolidated into one set of common forms for the Program for North American Mobility in Higher Education and the U.S. – Brazil Higher Education Consortia Program. | | | | | | | |
| Signature of Senior Officer or designee: | | For OIRA Use | | | | | |
| Joseph Schubert | Sept 13, 2005 | | | | | | |

**This form cannot be used to extend an expiration date

OMB 83-C

OMB Number: XXXX-XXXX Expiration Date: MM/DD/YYYY

FUND FOR THE IMPROVEMENT OF POSTSECONDARY EDUCATION INTERNATIONAL CONSORTIA PROGRAM

Project Title Form

| Program(drop down box) | | | | | | |
|---|---|--|--|--|--|--|
| Consortium Members U.S. Partners: | | | | | | |
| Lead: | | | | | | |
| Partner: | | | | | | |
| | | | | | | |
| Partner: | | | | | | |
| Consortium Members Foreign Partners: | | | | | | |
| Lead: | | | | | | |
| Partner: | | | | | | |
| | | | | | | |
| Partner: | | | | | | |
| Consortium Members Foreign Partners: | | | | | | |
| Lead: | | | | | | |
| Partner: | | | | | | |
| Partner: | | | | | | |
| | | | | | | |
| Project Title: | | | | | | |
| Abstract of Proposal: (1000 Character Limit) | | | | | | |
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| Select project format: | Federal Funds Requested: | | | | | |
| Four-year consortia project | Year 1: | | | | | |
| o Two-year consortia project | Year 2: | | | | | |
| | Year 3: | | | | | |
| | Year 4: | | | | | |
| | Total: | | | | | |
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Form Approved OMB NO: XXXX-XXXX Approval Expires XX/XX/XX CONSORTIUM PARTNERS IDENTIFICATION FORM

| Program | (drop down box) | | | |
|---------------------|--------------------------------|-----------------|------------------|--|
| Country | (drop down box) | | | |
| Lead Partner: | | | | The state of the s |
| Name: Prefix: | First Name: | Middle Name: | Last Name: | Suffix: |
| Name of Institution | on/Organization: (60 Characte | r Limit) | | |
| Department: (60 G | Character Limit) | | | |
| Complete Addres | s: Street Name1: | Stre | et Name2: | |
| City: | State: | State/Province: | Zip/Postal Code: | Country: |
| Phone Number: | | | | |
| Fax Number: | | | | |
| E-mail Address: | | | | , |
| | | | | |
| Partner Two: | | | | |
| Name: Prefix: | First Name: | Middle Name: | Last Name: | Suffix: |
| Name of Institution | on/Organization: (60 Character | Limit) | | |
| Department: (60 C | Character Limit) | | | |
| Complete Address | s: Street Name1: | Stre | et Name2: | |
| City: | State: | State/Province: | Zip/Postal Code: | Country: |
| Phone Number: | | | | |
| Fax Number: | | | | |
| E-mail Address: | | | | |
| | | | | |
| Partner Three: | | | | |
| Name: Prefix:[| First Name: | Middle Name: | Last Name: | Suffix: |
| Name of Institution | on/Organization: (60 Character | Limit) | | |
| Department: (60 C | Character Limit) | | | |
| Complete Address | s: Street Name1: | Stree | et Name2: | |
| City: | State: | State/Province: | Zip/Postal Code: | Country: |
| Phone Number: | | | | |
| Fax Number: | | | | |
| E-mail Address: | | | | |

| Budget Summary 1. Program 2. Select One: Lead (fiscal agent) Partner Project Cota Requested from FIFSE: Budget Categories (a) (b) (c) (d) (e) 4. Personnel (ealary & wage) 5. Fringe Bunefits (murchase) 6. Travel 7. Equipment (murchase) 8. Supplies (no Cota (fiscal agent) 9. Fringet Year 1 9. Cota (fiscal agent) 9. Fringet Year 3 9. Fringe Bunefits (no Cota (fiscal agent) 9. Fringe Bunefits (no Fiscal agent) 9. Fringe Bunefi | U.S. Department of Education | | | OMB Control Number: xxxx-xxxx | | | | |
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| 3. Name of Institution/Organization: Project Cotat Requested from FIPSE: Budget Categories Project Year 1 Project Year 2 Project Year 3 Project Year 4 Total (e) 4. Personnel (calary & wages) 5. Fringe Benefits (comployee benefits) 6. Travel 7. Equipment (purchase) 8. Supplies (and materials) 9. Contractual (enter partner totals here) 9. Contractual (enter partner totals here) 10. Other (sequipment rental, printing, etc.) 11. Total Direct Costs (lines 4-10) 12. Indirect Costs (lines 4-10) 13. Mobility Suppends 14. Language Stipends 14. Language Stipends 15. Subtoal of Stipends 16. Stable Requested from FIPSE (lines 11+12+15) (These figures about dappear on the still dappear on the Still Requested from FIPSE (lines 11-12). Land France Costs Not Requested from FIPSE (lines 11-12). Land France Costs Not Requested from FIPSE (lines 11-12-15) (These figures to the substance of the | Budget Summary | | | | | | | |
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| Inches | | ************************************** | | | | | | |
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| Project Costs Not Requested from FIPSE: 17. Lead Partner non-federal funds 18. Subcontractor(s) non-federal funds Funds Requested by Foreign Partners: 19a. Total Requested from Canada 19b. Total Requested from Mexico 19c. Total Requested from Brazil 19d. Total Requested from Brown Europe **Indirect Cost Information (To be completed by Your Business Office): If you are requesting reimbursement for indirect costs on line 12, please answer the following questions: (1) Do you have an Indirect Cost Rate Agreement approved by the federal government? Yes No (Radio Button) (2) If Yes, please provide the following information: • Period covered by the Indirect Cost Rate Agreement: From: mm/dd/yyyy • Approving federal agency: ED Other (please specify): (Radio Button) (3) For Restricted Rate Programs (select one) Are you using a restricted indirect cost rate that: | | | | | 1 | | | |
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| is included in your approved manorit out that it is a second of the second out th | Is included in your approved Indirect Cost Rate Agreement? Or, Complies with 34 CFR 76.564(c)(2)? (Radio Button) | | | | | | | |